



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize PUBLICATION		
	Address (Street or RFD / Apt. # / City, State, and Zip Code)		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please publish the attached Notice of Order of Forfeiture at least once for three (3) successive weeks in the <u>Boston Herald</u> or any other newspaper of general circulation in the District of Massachusetts, in accordance with the attached Preliminary Order of Forfeiture and applicable law. LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of <i>[Signature]</i>		[X] Plaintiff [] Defendant	Telephone No. (617) 748-3100
			Date Feb. 14, 2005
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM
		Please see Remarks	
		Signature, Title and Treasury Agency <i>[Signature]</i> Stephen P. Leonard, Forfeitures Officer	
REMARKS: U.S. Customs and Border Protection Notice of Order of Forfeiture was published as instructed above in the <u>Boston Herald</u> on Feb. 22, March 01, and March 08, 2005. Copy of Publisher's Certificate attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT☐ FOR CASE FILE☐ LEAVE AT PLACE OF SERVICE☐ FILE COPY

PUBLISHER'S CERTIFICATE

Commonwealth of Massachusetts }
County of Suffolk } ss.

On this 30th day of May A.D. 20 05
personally appeared before the undersigned, a Notary Public, within and for

the said county, Judith A. Presutti

of the Boston Herald a newspaper published by
Boston Herald, Inc., in Boston, County of Suffolk, in the Commonwealth of
Massachusetts, and who being duly sworn, states on oath that the

Crim Case # 03-10353-WGY advertisement
was published in said newspaper in its issues of

Feb 22, Mar 1, 8 A.D. 20 05

Subscribed and sworn to before me this 30th

day of March A.D. 20 05

Valerie Delano
Notary Public



UNITED STATES DISTRICT COURT DISTRICT OF MASSACHUSETTS, ss. NOTICE OF ORDER OF FORFEITURE

Criminal No. 03-10353-WGY

United States of America, District of Massachusetts, at Boston, Massachusetts, August 21, 2004.

Notice is hereby given that a Preliminary Order of Forfeiture was entered in the United States District Court, District of Massachusetts, in Case No. 03-10353-WGY, in the interests of Defendant Roman Valdimir, in the following property, pursuant to Title 21, United States Code, Section 853(n)(1), as incorporated by Title 18, United States Code, Section 982:

- * \$80,000 in United States Currency;
- * One 2003 silver Acura model MDX, bearing Massachusetts Registration number 59PV19, and Vehicle Identification Number 2HNYD1863H504272, which is registered to Roman Valdimir; and
- * 2 Larose Place, Apartment 25, Brighton, Massachusetts, as more fully described in the deed of Rencela Maria, dated August 1, 2001, and recorded in Suffolk Registry of Deeds, Book 26783, Page 22. (collectively referred to as the "Assets").

Upon adjudication of all third party interests, the United States of America intends to dispose of the Assets in accordance with the law.

Pursuant to 21 U.S.C. sec. 853(n)(2) and (3), as incorporated by 18 U.S.C. sec. 982, any person, other than the Defendant, claiming to have a legal interest in the Assets, must file with the Clerk of the Court, within thirty (30) days of the final publication of notice of the forfeiture, a written statement of the nature and extent of the interest, and the time and circumstances of the Defendant's acquisition of the right, title, or interest in the Assets, any additional facts supporting the Defendant's claim, and the relief sought. Upon adjudication of all third party interests, the Court will enter an order of forfeiture, pursuant to 21 U.S.C. sec. 853, as incorporated by 18 U.S.C. sec. 982, in which all such interests will be addressed.

Post Director (ref 04040100002401)
U.S. Customs and Border Protection
Feb 22, Mar 1,



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Roman Valdma, #24867-038		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Fort Dix FCI, 5756 Hartford & Pointville Road, Fort Dix, New Jersey 08640		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested. <div align="right">LJT x3283</div>			
Signature of Attorney or other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
		Date Feb. 14, 2005	
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		Please see Remarks Section	
		Signature, Title and Treasury Agency 	
		Stephen P. Leonard, Forfeitures Officer	
REMARKS: <div align="center">U.S. Customs & Border Protection</div> Preliminary Order served as instructed above, via certified mail number 7001 2510 0003 4300 2581. Signed as received at Fort Dix FCI on 2/28/05. Copy of certified mail forms attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT☐ FOR CASE FILE☐ LEAVE AT PLACE OF SERVICE☐ FILE COPY

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: CRIM. 9-10353-66Y
 Roman Valdma #24867-038
 Fort Dix FCI
 5756 Hartford & Pointville
 Road
 Fort Dix, NJ 08640

2. Article Number 7001 2510 0003 4300 2581
 (Transfer from ser...)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
X
 B. Received by (Printed Name) [Signature] C. Date of Delivery 2/28/05
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark
Here

Sent To Roman Valdma #24867-038
 Street, Apt. No. Fort Dix FCI
 or PO Box No. 5756 Hartford & Pointville Rd
 City, State, ZIP+4 Fort Dix, NJ 08640

PS Form 3800, January 2001

See Reverse for Instructions

1852 0003 4300 0152 1002



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Matthew D. Thompson, Esquire		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Butters, Brazilian & Small LLP, One Exeter Plaza, Boston, MA 02116		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested. <div style="text-align: right;">LJT x3283</div>			
Signature of Attorney or other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
		Date Feb. 14, 2005	
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Please see Remarks	
		Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer	
REMARKS: U.S. Customs and Border Protection Preliminary Order served as instructed above, via certified mail number 7001 2510 0003 4300 2598. Signed as received on 02/23/05. Copy of certified mail forms attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT☐ FOR CASE FILE☐ LEAVE AT PLACE OF SERVICE☐ FILE COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0003 4300 0152 1002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: JOHN F. KENNEDY STA BOSTON MA 02114 FEB 23 2005

Sent To: Matthew D. Thompson, Esquire
 Street, Apt. No., or PO Box No.: Butters, Brazilian & Small LLP
 City, State, ZIP+4: One Exeter Plaza Boston, MA 02116

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. 10353

1. Article Addressed to: CR No. 03-103534-04
 Matthew D. Thompson, Esq.
 Butters, Brazilian & Small
 One Exeter Plaza
 Boston, MA 02116

COMPLETE THIS SECTION ON DELIVERY

A. Signature: R. Lafond ☐ Agent ☒ Addressee

B. Received by (Printed Name): R. Lafond

C. Date of Delivery: 02/23/05

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

LLP

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)☐ Yes

2. Article Number (Transfer from service) 7001 2510 0003 4300 2598

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

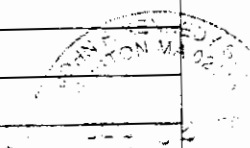
PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize John H. Brazilian, Esquire		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Butters, Brazilian & Small LLP, One Exeter Plaza, Boston, MA 02116		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested. LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of 		[X] Plaintiff [] Defendant	Telephone No. (617) 748-3100
		Date Feb. 14, 2005	
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM
		Please see Remarks	
		Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer	
REMARKS: U.S. Customs and Border Protection Preliminary Order served as instructed above, via certified mail number 7001 2510 0003 4300 2505. Signed as received on 2/23/05. Copy of certified mail forms attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT☐ FOR CASE FILE☐ LEAVE AT PLACE OF SERVICE☐ FILE COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0003 4300 2505

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To John H. Brazilian, Esquire Street, Apt. No., or P.O. Box No. Butters, Brazilian & Small LLP One Exeter Plaza City, State, ZIP+4 Boston, MA 02116		
PS Form 3800, January 2001		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **EN No. 03-1035306Y**
John H. Brazilian, Esq.
Butters, Brazilian &
Small LLP
One Exeter Plaza
Boston, MA 02116

2. Article Number
 (Transfer from sender) **7001 2510 0003 4300 2505**

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x R. Laford ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Rogine Laford* C. Date of Delivery *02/23/05*

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Thomas J. Butters, Esquire		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Butters, Brazilian & Small LLP, One Exeter Plaza, Boston, MA 02116		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested. LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of <i>JH Zacks</i>		[X] Plaintiff [] Defendant	Telephone No. (617) 748-3100
		Date Feb. 14, 2005	
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: <i>[Signature]</i>
Date			
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM
		Please see Remarks	
		Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer <i>3/31/05</i>	
REMARKS: U.S. Customs and Border Protection Preliminary Order served as instructed above, via certified mail number 7001 2510 0003 4300 2611. Signed as received on 02/23/05. Copy of certified mail forms attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT☐ FOR CASE FILE☐ LEAVE AT PLACE OF SERVICE☐ FILE COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

APR 23 2005
Postmark Here

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
Thomas J. Butters, Esquire
Street, Apt. No. or PO Box No. **Butters, Brazilian, Small LLP**
City, State, ZIP+4 **One Exeter Plaza**
Boston, MA 02116

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x R. Lafond</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R. Lafond</i> C. Date of Delivery <i>03/23/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <i>CR No. 03-10353 WGY</i> Thomas J. Butters, Esq. Butters, Brazilian & Small LLP One Exeter Plaza Boston, MA 02116</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7001 2510 0003 4300 2611</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize City of Boston Tax Collector		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) City Hall, One City Hall Square, Boston, MA 02210		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Preliminary Order of Forfeiture upon the above-named institution by certified mail, return receipt requested. LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of 		[X] Plaintiff [] Defendant	Telephone No. (617) 748-3100
		Date Feb. 14, 2005	
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [X] PM
		Please see Remarks	
		Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer	
REMARKS: U.S. Customs & Border Protection Preliminary Order served as instructed above, via certified mail number 7001 2510 0003 4300 2574. Signed as received FEB 22. Copy of certified mail forms attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT
 ☐ FOR CASE FILE
 ☐ LEAVE AT PLACE OF SERVICE
 ☐ FILE COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

4252 00EH E000 0752 1002

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: **City of Boston Tax Collector**
 Street, Apt. No.,
 or PO Box No. **City Hall**
1 City Hall Square
 City, State, ZIP+4 **Boston, MA 02210**

PS Form 3800, January 2001; See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Joseph E. McDermott</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery FEB 22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: City of Boston Tax Collector City Hall, One City Hall Sq. Boston, MA 02210</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number _____ (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 2510 0003 4300 2574</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381</p>	



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Suffolk County Registry of Deeds		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 24 New Chardon Street, P.O. Box 9660, Boston, MA 02114-9660		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please record the attached Preliminary Order of Forfeiture at the above-named Registry of Deeds. This pertains to the real property located at 2 Larose Place, Apt. 25, Brighton, Massachusetts. For title to the property, see Book <u>26783</u> , Page <u>22</u> of the Suffolk County Registry of Deeds. <div align="right">LJT x3283</div>			
Signature of Attorney or other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
		Date Feb. 14, 2005	
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		Please see Remarks.	
		Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer	
REMARKS: U.S. Customs and Border Protection Preliminary Order served as instructed above, via certified mail number 7001 2510 0003 4300 2550. Signed as received on FEB 24, 2005.			
Copy of certified mail forms attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE ☐ FILE COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

0552 00EH E000 0152 T002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To
Suffolk County Registry of Deeds
 Street, Apt. No. or PO Box No. **24 New Chardon Street**
 P.O. Box **9660**
 City, State, ZIP+4 **Boston, MA 02114-9660**

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to **CLN 03-10353 WGY**
Suffolk County Registry
of Deeds
24 New Chardon Street
P.O. Box 9660
Boston, MA 02114-9660

2. Article Number
 (Transfer from service label)

7001 2510 0003 4300 2550

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **MA** C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-01-M-0381



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Washington Mutual (Loan #5302038590 3)		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) P.O. Box 44118, Jacksonville, FL 32231-4118		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Preliminary Order of Forfeiture upon the above-named institution by certified mail, return receipt requested. <div align="right">LJT x3283</div>			
Signature of Attorney or other Originator requesting service on behalf of 		[<input checked="" type="checkbox"/>] Plaintiff [] Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date Feb. 14, 2005	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I [<input type="checkbox"/>] PERSONALLY SERVED, [<input checked="" type="checkbox"/>] HAVE LEGAL EVIDENCE OF SERVICE, [<input checked="" type="checkbox"/>] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[<input type="checkbox"/>] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:	[<input type="checkbox"/>] A Person of suitable age and discretion then residing in the defendant's usual place of abode.		
ADDRESS: (Complete only if different than shown above.)	Date of Service	Time of Service [<input type="checkbox"/>] AM [<input checked="" type="checkbox"/>] PM	
	Please see Remarks.		
	Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer		
REMARKS: U.S. Customs and Border Protection Preliminary Order served as instructed above, via certified mail number 7001 2510 0003 4300 2543. Signed as received on FEB 28, 2005. Copy of certified mail forms attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE ☐ FILE COPY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

E452 00E4 0000 0152 1001

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To
Washington Mutual
Street, Apt. No., (Loan# 5302038590 3)
or PO Box No.
City, State, ZIP+4 P.O. Box 44118
Jacksonville, FL 32231-4118

PS Form 3800, January 2001[®] See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front **ESP-103 53608**

1. Article Addressed to:

Washington Mutual
(Loan# 5302038590 3)
P.O. Box 44118
Jacksonville, Florida
32231-4118

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Karen Coine
- B. Received by *Karen Coine* C. Date of Delivery *FEB 28 2005*
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

2. Article Number

(Transfer from service)

7001 2510 0003 4300 2543

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Ridgemont Condominium Trust, c/o G&G Management		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) P.O. Box 67382, Chestnut Hill, MA 02467		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Preliminary Order of Forfeiture upon the above-named institution by certified mail, return receipt requested. LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of 		[<input checked="" type="checkbox"/>] Plaintiff [<input type="checkbox"/>] Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date Feb. 14, 2005	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I [<input type="checkbox"/>] PERSONALLY SERVED, [<input type="checkbox"/>] HAVE LEGAL EVIDENCE OF SERVICE, [<input checked="" type="checkbox"/>] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[<input type="checkbox"/>] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[<input type="checkbox"/>] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [<input type="checkbox"/>] AM [<input type="checkbox"/>] PM
		Please see Remarks	
		Signature, Title and Treasury Agency Stephen P. Leonard, Forfeiture Officer	
REMARKS: U.S. Customs and Border Protection Preliminary Order served as instructed above, via certified mail number 7001 2510 0003 4300 2529. Signed as received on FEB 23, 2005. Copy of certified mail forms attached.			

TD F 90-22.48 (6/96)

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

6252 0064 E000 0752 1002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Ridgmont Condominium Trust
 Street, Apt. No.; c/o G&G Management
 or PO Box No. P.O. Box 67382
 City, State, ZIP+4 Chestnut Hill, MA 02467

PS Form 3811, January 2001



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to **CP 6 03-10353 WGY**
 Ridgmont Condominium Trust
 c/o G&G Management
 P.O. Box 67382
 Chestnut Hill, MA 02467



2. Article Number
 (Transfer from ser. 7001 2510 0003 4300 2529)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *x [Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *N. Gopin* C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-01-M-0381



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize One 2003 Silver Acura Model MDX, bearing Massachusetts Registration Number 59PV19, and Vehicle Identification Number 2HNYD18863H506272, which is registered to Roman Valdma		
	Address (Street or RFD / Apt. # / City, State, and Zip Code)		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please seize and maintain custody and control over the above-referenced vehicle in accordance with the attached Preliminary Order of Forfeiture and applicable law. <div align="right">LJT x3283</div>			
Signature of Attorney or other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
		Date Feb. 14, 2005	
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input checked="" type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		Please see Remarks	
		Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer	
REMARKS: <div align="right">U.S. Customs and Border Protection</div> The above referenced vehicle has been seized and is in the custody of the storage contractor for ICE/CBP. Copy of SEACATS tracking printout attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE ☐ FILE COPY

FP&F CASE NUMBER: 2004040100002401 LINE: 001 SUBLINE: 0000 PARENT: 0000
OWNING BUREAU: ICE
OWNING PORT: 0401
DESC: * ACURA SUV
CATEGORY CODE: VEH PROPERTY TYPE: * SU
SEIZE: 1.00 EA PKG: 0 SAMPLE: N
INV: .00 PKG: 1 EA SHELF: .00
VIN NBR: 2HNYD18863H506272 NBR OF CYL:
MAKE: ACUR MODEL: MDX YEAR: * 2003 STYLE:
COLOR: * GRY ODOMETER: ODOM UM: FUEL TYPE:
LICENSE PLATE#: PLATE YR: STATE REG: CENTRY REG:
EPA COMPLIANCE (Y/N)? : DOT COMPLIANCE (Y/N)? : DMV NOTIFIED:
LEGAL STATUS: * SZ PHYSICAL STATUS: * HD CUSTODIAN: CTR
PROHIBITED/RESTRICTED ITEM: N
SEIZURE DATE: * 11202003 FORFEITURE DATE: *
DATES- ENTERED (PMAL): SPLIT (PMSP): SAMPLE (PMSA):

INCIDENT NUMBER: 2004SZ001155001

(PF1/2=HELP/FLD HLP) (PF3/PF4=MAIN/PRV MENU) (PF8=NXT PG) (PF12=DTL)

PAGE: 1

FP&F CASE NBR: 2004040100002401 LINE NBR: 001 SUB LINE NBR: 0000
INPUT DATE CUSTODIAN STORAGE LOCATION ACCEPT DATE STATUS
20031126 SAC-SPC TRAN 20031120 H
20031201 SPC- 9999 20031201 H
20031201 CTR- 20031201 H
20031201 CTR- 20031201 H
20031201 CTR- WHN 20031201 H
20040109 CTR- WHN 20031201 H
20040528 CTR- WHN 20031201 A

(F1/F2=HELP) (F3=MAIN) (F4=PREV MENU) (F7=PREV PAGE) (F8=NEXT PAGE)



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize 2 Larose Place, Apartment 25, Brighton, Massachusetts, as more fully described in the Deed of Florencia Maria Hito of the Two Larose Place Realty Trust dated August 1, 2001, and recorded in Suffolk County Registry of Deeds, Book 26783, Page 22		
	Address (Street or RFD / Apt. # / City, State, and Zip Code)		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve notice upon the real property referenced above of this forfeiture action by posting and walking the attached Preliminary Order of Forfeiture, in accordance with applicable law. LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of <i>[Signature]</i>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100 Date Feb. 14, 2005
SIGNATURE OF PERSON ACCEPTING PROCESS: <i>[Signature]</i>			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process indicated. one copy of order	District of Origin No. Mass.	District to Serve No. Massachusetts	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: <i>[Signature]</i>
Date 			
I hereby Certify and Return That <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service 2/25/05	Time of Service 2:00 Approx. <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Signature, Title and Treasury Agency <i>[Signature]</i> , S/A US ICE	
REMARKS: Posted on door (front) of apt. 25, 2 La Rose, Brighton, ma.			

TD F 90-22.48 (6/96)



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT ROMAN VALDMA		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize \$80,000 in United States Currency		
	Address (Street or RFD / Apt. # / City, State, and Zip Code)		
Send NOTICE OF SERVICE copy to Requester: JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please seize and maintain custody and control over the above-referenced currency in accordance with the attached Preliminary Order of Forfeiture and applicable law. <u>PLEASE NOTE THAT THIS ASSET IS NOT CURRENTLY IN THE CUSTODY OF THE UNITED STATES.</u>			
LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of 		[X] Plaintiff [] Defendant	Telephone No. (617) 748-3100
		Date Feb. 14, 2005	
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input checked="" type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM <u>UNABLE</u> TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM
		Please see Remarks	
		Signature of the Treasury Agency Stephen P. Leonard, Forfeitures Officer	
REMARKS: U.S. Customs and Border Protection This currency is NOT in custody. Not able to maintain custody. Not seized.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT☐ FOR CASE FILE☐ LEAVE AT PLACE OF SERVICE☐ FILE COPY